

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

08

2016

in the
State of

DC

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2016

through

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Bishop, Eric, P, ,

Type or Print Name of Treasurer

Signature of Treasurer

Bishop, Eric, P, ,

[Electronically Filed]

Date

10

20

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		97377.57
(b) Cash on Hand at Beginning of Reporting Period.....	32311.32	
(c) Total Receipts (from Line 19)	3459.38	115930.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35770.70	213307.60
7. Total Disbursements (from Line 31).....	0.00	177536.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	35770.70	35770.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3064.86	84937.29
(ii) Unitemized	394.52	27743.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3459.38	112681.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3459.38	112681.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	273.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	2975.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3459.38	115930.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3459.38	115930.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	561.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	561.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	174000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2975.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	177536.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	177536.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3459.38	112681.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3459.38	112681.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	561.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	273.90
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	288.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Easterbrook, James, , ,

Mailing Address 4646 North Greenview Avenue Apt 10
 Unit 10

City
 Chicago

State
 IL

Zip Code
 60640

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Fresenius Medical Care NA

Occupation (for Individual)
 Market Development Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : AE6407450B7684391ABC

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fonvielle, Christopher, D, ,

Mailing Address 6750 Mount Vernon Dr

City

Melrose

State

FL

Zip Code

32666-8967

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Fresenius Medical Care NA

Occupation (for Individual)
 Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A6C48C14A19564577AC6

Amount of Each Receipt this Period

12.00

☐ Memo Item

Payroll Deduction: \$12.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Surane, Robin, Elizabeth, ,

Mailing Address 20106 Bascom Ridge Dr

City

Cornelius

State

NC

Zip Code

28031-6841

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Fresenius Medical Care NA

Occupation (for Individual)
 FMS Director Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A654D278EEEF43B8BAF

Amount of Each Receipt this Period

9.62

☐ Memo Item

Payroll Deduction: \$9.62/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Orlando, Jessica, , ,

Mailing Address 651 Ladd Street

City
Lehigh Acres

State
FL

Zip Code
33974

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FHP VP Finance and Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.13

Date of Receipt

10 / 08 / 2016

Transaction ID : AEFA34FB0A9C0476BA03

Amount of Each Receipt this Period

11.53

☐ Memo Item

Payroll Deduction: \$11.53/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Holstein, Andrew, C, ,

Mailing Address 803 Hallowell Dr

City
West Chester

State
PA

Zip Code
19382-5242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

10 / 08 / 2016

Transaction ID : AECB45785E0D948B4A3F

Amount of Each Receipt this Period

17.50

☐ Memo Item

Payroll Deduction: \$17.50/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sepucha, Robert, Charles, ,

Mailing Address Headquarters
920 Winter Street

City
Waltham

State
MA

Zip Code
02451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
SVP Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

10 / 08 / 2016

Transaction ID : A4D7D0629E67447ABA70

Amount of Each Receipt this Period

192.31

☐ Memo Item

Payroll Deduction: \$192.31/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

221.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fink, William, F, ,

Mailing Address 80 Daniels Ln

City
Carlisle

State
MA

Zip Code
01741-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP IT Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2016

Transaction ID : A221A7F1B745D4227921

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grayson, Jason, K, ,

Mailing Address 3545 Valley Creek Rd

City
Edmond

State
OK

Zip Code
73034-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2016

Transaction ID : A006CB3B8F29B426FA64

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patterson, Deanna, L, ,

Mailing Address 749 Rosslare Pl

City
Crown Point

State
IN

Zip Code
46307-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FMS Director Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2016

Transaction ID : A21913290E4BD4EF2BA0

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parlier, Geronia, F, ,

Mailing Address 6100 Dutchmans Lane
Kaden Tower 8th Floor

City
Louisville

State
KY

Zip Code
40205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Case Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 08 / 2016

Transaction ID : AF97D137DA3F64678AC4

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dubinsky, Catherine, , ,

Mailing Address 229 Wellman Ave

City

North Chelmsford

State
MA

Zip Code
01863-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Ancillary Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 08 / 2016

Transaction ID : A646CA6EFCDC74C67961

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Demlow, Katrina, , ,

Mailing Address 1714 Avenida Vista Labera

City

Oceanside

State
CA

Zip Code
92056-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Clinical Manager (33)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

10 / 08 / 2016

Transaction ID : AFEDE216A977C4BFCA98

Amount of Each Receipt this Period

11.55

☐ Memo Item

Payroll Deduction: \$11.55/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

69.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walsh, Liam, J, ,

Mailing Address Headquarters

920 Winter Street

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1407.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A6317A553F70C40B4B0E

Amount of Each Receipt this Period

67.00

☐ Memo Item

Payroll Deduction: \$67.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Covino, Steven, P, ,

Mailing Address 920 Winter St

Head

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

Senior Director Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1009.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : AC18D5C771F994128834

Amount of Each Receipt this Period

48.08

☐ Memo Item

Payroll Deduction: \$48.08/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crick, Robert, D, ,

Mailing Address 4307 Twillingate Ln

City

Louisville

State

KY

Zip Code

40241-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : AADDA2B07C07C448893A

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional).....▶

134.31

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Butler, Karen, G, ,

Mailing Address 920 Winter St

Head

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Clinical Innovations Init

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : A41ADA1FD2F364DC7895

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kinser, Matthew, D, ,

Mailing Address 1550 W McEwen Dr

Ste 500

City

Franklin

State

TN

Zip Code

37067-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

VP Managed Care

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : AFA698140B9C54AD6BF4

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Paul, E, ,

Mailing Address 2 Fairfield Dr

City

Palmer

State

MA

Zip Code

01069-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

Sr Dir Biomedical Supp Serv

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : AFCDDB6B4858542B282B

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional).....▶

58.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Painter, Donna, R, ,

Mailing Address 5215 North O'Connor Blvd.
11th Floor

City
Irving

State
TX

Zip Code
75039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FVP Quality Home Therapies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AA7635EDF1AED4892A22

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burke, Maria, N, ,

Mailing Address 5049 Oxfordshire Rd

City
Waxhaw

State
NC

Zip Code
28173-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
SVP Performance Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A3DF855594D3E47BCB12

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carlton, Terri, W, ,

Mailing Address 650 Dairy Road

City
Nebo

State
NC

Zip Code
28761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Regional Manager of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AE579DBD97B2E4A90AEC

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional).....▶

64.23

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McKinney, William, , ,

Mailing Address 3711 S MO Pac Expy
Exps

City
Austin

State
TX

Zip Code
78746-8013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Presdt Integrated Care Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A84FF324E9BE74EA7A20

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$70.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lamunyon, Cynthia, L, ,

Mailing Address 18121 E Watford Dr

City

Queen Creek

State

AZ

Zip Code

85142-8490

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Sr Dir Rev Cycle

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A15AB863CF4214CF7810

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spinelli, Edda, B, ,

Mailing Address 3333 West Highway
Suite 101

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Reg Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A2715017AF2E1404CB13

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jee, Gordon, K, ,Mailing Address 30 Union St
Unit 3City
NewburyportState
MAZip Code
01950-3235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Production Proc and Monit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : A18424DB0C1DB4514A85

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cowens, Michelle, , ,Mailing Address 333 Grant Ave
Apt 708

City

San Francisco

State
CAZip Code
94108-3657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Physician Placement Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : A0A909E5A049B48F19F7

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gaeta, Domenic, P, ,Mailing Address 428 Medford St
Apt 2

City

Charlestown

State
MAZip Code
02129-1422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : A897E291FE72946F29D9

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional).....▶

67.69

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winslow, Joseph, P, ,

Mailing Address 1 Cardinal Circle

City
NashuaState
NHZip Code
03063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP International QS Reg Coord

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A80DB98569E204205B1A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCarthy, Patrick, L, ,

Mailing Address 82 Belcher Drive

City
SudburyState
MAZip Code
01776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Renal Tech SIs and Mrkng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A152922CBA4D14DD4A22

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$120.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fawcett, Mark, R, ,

Mailing Address 920 Winter St

Head

City
WalthamState
MAZip Code
02451-1521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fresenius Medical Care NA

Occupation (for Individual)

SVP Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AAE606CBB7B0649A8A4B

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional).....▶

179.23

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hymes, Jeffrey, , ,

Mailing Address 120 Belle Meade Blvd

City
NashvilleState
TNZip Code
37205-3416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP CMO FMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AEBB77D55893A4E1C95C

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McLean, Christine, M, ,

Mailing Address 17 Heritage Dr

City
WoburnState
MAZip Code
01801-5909FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir AR Credit and Billing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AE07DE85D199D4A6D985

Amount of Each Receipt this Period

9.62

☐ Memo Item

Payroll Deduction: \$9.62/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pandi, Manikandan, , ,

Mailing Address 15 Grist Mill Rd

City
ActonState
MAZip Code
01720-2007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Mgr Enterprise Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A5D938FB81F7B4C658AD

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

128.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sweet, David, F, ,

Mailing Address 6601 Wall St
Ste A

City
Mobile

State
AL

Zip Code
36695-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 08 / 2016

Transaction ID : A4A2101F231E6436482A

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carter, Nancy, Dianne, ,

Mailing Address 1607 Revella Arch

City

Chesapeake

State

VA

Zip Code

23322-6991

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
SVP Corp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 08 / 2016

Transaction ID : ABC0E50A7F9E34A32B67

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heiner, K, Brett, ,

Mailing Address 885 Corporate Woods Drive

City

Alabaster

State

AL

Zip Code

35007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Mgr III Distribution Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 08 / 2016

Transaction ID : A2DCEC18794A247EEA65

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zabetakis, Paul, M, ,

Mailing Address 7019 SE Harbor Cir

City
StuartState
FLZip Code
34996-1923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
President Renal Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A0A555EFFAF4AA4F48936

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doherty, Barry, M, ,

Mailing Address 8410 NW Greenbriar Drive

City
VancouverState
WAZip Code
98665FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Mgr IT Deployment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A05778F87731E47E0B4A

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crawford, William, M, ,

Mailing Address 6640 Akers Mill Rd SE
Apt 2403City
AtlantaState
GAZip Code
30339-2714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
FMS Division VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

503.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A8ADA9ADF3195470299F

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional).....▶

67.69

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alderman, Keith, H, ,

Mailing Address 5268 E Raines Rd

City
MemphisState
TNZip Code
38118-7015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A330C8DF1A2634FF5B8D

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruma, Joseph, J, ,

Mailing Address 15 Blueberry Hill Rd

City
AndoverState
MAZip Code
01810-5001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP CD Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A79302579AAE8496D9A4

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Christopher, P, ,

Mailing Address 1373 N McKenna Ln

City
GilbertState
AZZip Code
85233-2017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A5448CDC13428435A979

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayes, Anthony, L, ,

Mailing Address 100 Galleria Parkway
Suite 1200

City
Atlanta

State
GA

Zip Code
30339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FMS General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : ABDEE845D27094253BDB

Amount of Each Receipt this Period

31.00

☐ Memo Item

Payroll Deduction: \$31.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gillon, David, R, ,

Mailing Address 2113 Jarrod PI SE

City
Smyrna

State
GA

Zip Code
30080-5685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Market Development Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A703EE15B6ED84A7584A

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MacDonald, Jody, L, ,

Mailing Address 67 Hemingway St

City
Winchester

State
MA

Zip Code
01890-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Mgr Cash and Billing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AD11230C713D24E01816

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional).....▶

60.23

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roder, David, S, ,

Mailing Address 15 Kings Way
Unit 32

City
Waltham

State
MA

Zip Code
02451-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 08 / 2016

Transaction ID : ABF9177F5DEB24124A42

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pearce, James, R, ,

Mailing Address 525 Sycamore Dr

City
Milpitas

State
CA

Zip Code
95035-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Director Lab Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 08 / 2016

Transaction ID : A1D004A0A93F6419EB72

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brennan, Julia, , ,

Mailing Address 5968 Ohara Landing

City
Burke

State
VA

Zip Code
22015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Business Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 08 / 2016

Transaction ID : AD7BC187C70B94C0FAE9

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dombro, Lisa, , ,

Mailing Address 927 Prairie Ave

City
Park RidgeState
ILZip Code
60068-3937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : AB70BFDC957684DA488A

Amount of Each Receipt this Period

192.31

☐ Memo Item

Payroll Deduction: \$192.31/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schrag, Wendy, L, ,

Mailing Address 1527 Westborough

City
NewtonState
KSZip Code
67114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : A65B88BD535B844649A0

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCarthy, Donna, J, ,Mailing Address 5251 Dtc Pkwy
Ste 500City
Greenwood VillageState
COZip Code
80111-2734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP FMS Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : ACBDB791FE8D449EBB6F

Amount of Each Receipt this Period

115.38

☐ Memo Item

Payroll Deduction: \$115.38/

SUBTOTAL of Receipts This Page (optional)..... ►

322.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cobb, Monica, A, ,

Mailing Address 175 Pamela Dr

City
Swansea

State
MA

Zip Code
02777-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FMS General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A2F13ADCC271844ECB96

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. David, Drew, D, ,

Mailing Address 2282 Floral Ridge Dr

City
Dacula

State
GA

Zip Code
30019-7214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Sr Dir Customer Service FHP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A9D1997DE9A97490EA36

Amount of Each Receipt this Period

11.54

☐ Memo Item

Payroll Deduction: \$11.54/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Geraci, Sandra, M, ,

Mailing Address 262 Berenger Walk

City
Royal Palm Beach

State
FL

Zip Code
33414-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Director Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AE4CEDAF0DA7A4250970

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perritano, Jeffrey, S, ,

Mailing Address 15238 Redbird Mnr

City
San Antonio

State
TX

Zip Code
78253-5543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FVP Home Therapies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A0984C2D7E70D43A5993

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hicks, Kyle, P, ,

Mailing Address 950 W. 7950 S.

City
S. Willard

State
UT

Zip Code
84340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Manager Molding Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : AD3B039255195410A86E

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moran, Judith, E, ,

Mailing Address 165 Passaic Ave
Ste 300

City
Fairfield

State
NJ

Zip Code
07004-3592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Div Ops and Execution

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : ABA082A08980A47E996F

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional).....▶

44.23

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harvey, Deborah, A, ,

Mailing Address 100 Galleria Pkwy SE
Ste 1200

City
Atlanta

State
GA

Zip Code
30339-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
SVP FMS Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AA7811BE19FF54E2C89D

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction: \$150.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wood, Kelly, A, ,

Mailing Address 3850 N Causeway Blvd
Ste 1400

City
Metairie

State
LA

Zip Code
70002-8167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Sr Dir Managed Care and Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A765D16EC8CE44A9DB1E

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hall, Erma, S, ,

Mailing Address 3850 North Causeway Blvd
Suite 1400

City
Metairie

State
LA

Zip Code
70002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Finance Special Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

798.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : ADF67EBE9B5B14CA8BC8

Amount of Each Receipt this Period

38.00

☐ Memo Item

Payroll Deduction: \$38.00/

SUBTOTAL of Receipts This Page (optional).....▶

198.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnston, Joseph, H, ,

Mailing Address 4333 Meridian Blvd

City
WarringtonState
PAZip Code
18976-2928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Biomedical Support Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A832811AE38B14F1D972

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Mary, Jo, ,

Mailing Address 521 S Lewis Ave

City
LombardState
ILZip Code
60148-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Acute Mkt Development Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A6578660CC661412F855

Amount of Each Receipt this Period

12.00

☐ Memo Item

Payroll Deduction: \$12.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Levin, Robert, , ,Mailing Address 250 E 87th St
Apt 25City
New YorkState
NYZip Code
10128-3115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Director of Technical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A7BCE7AA9EE8C4A2487C

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional)..... ►

47.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sonnen, Kimberly, Lynn, ,Mailing Address 5251 DTC Parkway
One DTC Suite 500City
Greenwood VillageState
COZip Code
80111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Mktg and Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2730.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : AD75E64F319574F1A9BF

Amount of Each Receipt this Period

130.00

☐ Memo Item

Payroll Deduction: \$130.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cariello, David, , ,Mailing Address 300 Three Islands Blvd
Apt 509City
Hallandale BeachState
FLZip Code
33009-2819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP RE Design Construction Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : AA75CA6BE10F2468B82F

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loeper, Robert, Peter, ,Mailing Address 4631 Woodland Corporate Blvd
Ste 113City
TampaState
FLZip Code
33614-2416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP FMS Strategic Project Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A8ACA7DFB291642A385B

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional).....▶

206.92

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swann, James, W, ,

Mailing Address 1721 Joncee Dr

City
EastoverState
NCZip Code
28312-9746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
CON Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : ACA71C3D635044330AA5

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Silva, Brian, , ,

Mailing Address 6 Nelson Circle

City
BedfordState
MAZip Code
01730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
CHRO and SVP Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A0DD9A8199AFF49C4A9C

Amount of Each Receipt this Period

192.31

☐ Memo Item

Payroll Deduction: \$192.31/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perry, William, M, ,

Mailing Address 26 Wadsworth Road

City
AshlandState
MAZip Code
01721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Sales Marketing Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : ACE6100A3AF3A4E58B4B

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/

SUBTOTAL of Receipts This Page (optional).....▶

227.31

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Devore, Nicole, A, ,Mailing Address 801 Pennsylvania Ave NW
Ste 255City
WashingtonState
DCZip Code
20004-3637FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Legislatve and Rgltry Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A2A99408C44024138AF1

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higginbotham, Geoff, , ,

Mailing Address 7581 NW 23rd St

City

Pembroke Pines

State

FL

Zip Code

33024-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Dir Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : AAFFA9D3ABA28408CA29

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Britton, Elizabeth, A, ,

Mailing Address 2559 Hitchcock St

City

Henderson

State

NV

Zip Code

89052-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Regional Quality Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : A0704C6EDC0EF4E8DB1B

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/

SUBTOTAL of Receipts This Page (optional)..... ►

53.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeFranco, Stephanie, L, ,

Mailing Address 525 Sycamore Dr

City
Milpitas

State
CA

Zip Code
95035-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Dir New Business Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 08 / 2016

Transaction ID : ACC6B8ADEFA0A42128FE

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Asay, Grant, , ,

Mailing Address 1421 Champion Forest Ct

City
Wheaton

State
IL

Zip Code
60187-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FMS General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 08 / 2016

Transaction ID : A1A2EB959CB8143B0917

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alderson, Richard, , ,

Mailing Address 190 Midsummer Dr

City
Frederick

State
MD

Zip Code
21702-3086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 08 / 2016

Transaction ID : A855BBBBBC54724B4EBF3

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

67.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coimbre, Nelson, A, ,

Mailing Address 229 Candia Avenue

City
Coral Gables

State
FL

Zip Code
33134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Dir RECS Pre Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A33081C0BEE994F02950

Amount of Each Receipt this Period

17.31

☐ Memo Item

Payroll Deduction: \$17.31/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maggio, Douglas, S, ,

Mailing Address 194 Slate Dr

City
Buford

State
GA

Zip Code
30518-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AA08F35DB9B0C474BB5D

Amount of Each Receipt this Period

11.55

☐ Memo Item

Payroll Deduction: \$11.55/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stieber-Brown, Charles, E, ,

Mailing Address 4640 Glen Coe Street

City
Leesburg

State
FL

Zip Code
34748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
Clinical Manager (32)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A1013D152FE474A458E8

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

48.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ray, Jayanta, , ,

Mailing Address 12277 Lazio Ln

City
FriscoState
TXZip Code
75035-2225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
FMS Division VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A810790E27BE147C9821

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buck, Michael, S, ,

Mailing Address 2401 Lilyfield Drive

City
Trophy ClubState
TXZip Code
76262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Mkt Development Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : ACC7EF1632D9A4FE884E

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Asselta, Michael, Jon, ,

Mailing Address 2600 Bel Air

City
Flower MoundState
TXZip Code
75022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A8E4AF6DB73B84928ABD

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional)..... ►

54.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marino, Joseph, M, ,

Mailing Address 10640 Steele St

City
NorthglennState
COZip Code
80233-6101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Sr Dir JV Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A3AD05E0CE5AD4C8AAA!

Amount of Each Receipt this Period

9.62

☐ Memo Item

Payroll Deduction: \$9.62/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mills, Allen, P, ,

Mailing Address 550 S Caldwell St
Ste 920City
CharlotteState
NCZip Code
28202-2633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
FMS General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A4D84B4858794412D9CB

Amount of Each Receipt this Period

38.46

☐ Memo Item

Payroll Deduction: \$38.46/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ketchersid, Terry, L, ,

Mailing Address 2751 North Main St.

City
South BostonState
VAZip Code
24592FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
SVP CMO Integrated Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : A4A3B0458A85C443FB85

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/

SUBTOTAL of Receipts This Page (optional).....▶

148.08

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Early, Mignon, B, ,

Mailing Address 109 Bennington Way

City
Greer

State
SC

Zip Code
29650-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FMS General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

10 / 08 / 2016

Transaction ID : A5D9C778F44604811910

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$30.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baldasaro, John, , ,

Mailing Address 57 Valencia Ln

City

Clifton Park

State

NY

Zip Code

12065-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP IT Enterprise Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 08 / 2016

Transaction ID : AFDC67BF35DF94ABBA16

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gazella, Michelle, , ,

Mailing Address 545 Gamble Rd

City

Oakdale

State

PA

Zip Code

15071-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
FVP Clinical Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

283.50

Date of Receipt

10 / 08 / 2016

Transaction ID : A35B034D660AF42599B4

Amount of Each Receipt this Period

13.50

☐ Memo Item

Payroll Deduction: \$13.50/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garza, Gregory, S, ,

Mailing Address 2020 E 1st St
Ste 110

City
Santa Ana

State
CA

Zip Code
92705-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP Integrated Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AF1C3A0029AE647498D5

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lindsay, Janice, D, ,

Mailing Address 1129 Timberlake Dr

City
Clinton

State
NC

Zip Code
28328-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP FMS Clinical Ops Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : AEB127FB804C24046AD1

Amount of Each Receipt this Period

10.00

☐ Memo Item

Payroll Deduction: \$10.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ramsey, Michael, J, ,

Mailing Address Headquarters
920 Winter Street

City
Waltham

State
MA

Zip Code
02451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NA

Occupation (for Individual)
VP IT Infrastructure Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : A9F4E9AC418094885BD6

Amount of Each Receipt this Period

19.23

☐ Memo Item

Payroll Deduction: \$19.23/

SUBTOTAL of Receipts This Page (optional).....▶

49.23

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shaw, Steven, D, ,

Mailing Address 4 Summit Rd

City
SouthboroughState
MAZip Code
01772-1733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
VP HR Shared Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
10	08	2016

Transaction ID : A3F799715C0D643A4AA0

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kawa, Kathleen, M, ,

Mailing Address 90 Glacier Dr

City
WestwoodState
MAZip Code
02090-1818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fresenius Medical Care NAOccupation (for Individual)
Strat Operational Supp Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	D D	Y Y Y Y
10	08	2016

Transaction ID : A998D382F255E481AA13

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	D D	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

3064.86